



1400 High Street, Ste. B2  
Eugene, OR 97401

PRIVACY STATEMENT THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

**Commitment to your privacy:**

Willamette Valley Counseling, LLC (“WVC”) is dedicated to maintaining the privacy of your personal health information as part of providing professional care. WVC is also required by law to keep your information private. Please talk to me about any questions or problems you might have.

**How WVC will use and disclose your protected health information with your consent:**

WVC will use the information collected about you mainly to provide you with treatment, to arrange payment for services, and for some other business activities that are necessary. After you have read this notice WVC will ask you to sign a consent form to let us use and share your information in these ways. If you do not consent and sign this form, WVC cannot treat you. If WVC wants to use or send, share, or release your information for other purposes, we will discuss this with you and ask you to sign an authorization form to allow this.

**Disclosing your health information without your consent:**

The law requires that some information may be disclosed without your authorization in the following circumstances:

- In case of an emergency
- When there are communication or language barriers
- When there are risks to public health
- To conduct health oversight activities
- To report suspected child abuse or neglect or abuse/neglect to other disabled persons
- To specified government regulatory agencies
- In connection with judicial or administrative proceedings
- For law enforcement purposes
- To coroners, funeral directors, and for organ donation
- In the event of a serious threat to health or safety to you or to the public. We will only share information with persons who are able to help prevent or reduce the threat.
- When otherwise required by law

**Your Privacy Rights:**

1. You can ask WVC to communicate with you in a particular way or at a certain place that is more private for you. For example, you can ask WVC to call you at home, and not at work, to schedule or cancel an appointment. We will do our best to do as you ask.

2. You can ask WVC to limit what we tell other people involved in your care or the payment for your care, such as family members and friends.

3. You have the right to look at the health information we have about you, such as your medical and billing records. You can get a copy of these records, but WVC may charge you for it.

Contact WVC to arrange how to see your records.

4. If you believe that the information in your records is incorrect or missing something important, you can ask WVC to make additions to your records to correct the situation. You have to make this request in writing and send it to WVC. You must also tell me the reasons you want to make the changes.

5. You have the right to a copy of this notice. If WVC changes this notice, the new version will be posted in the waiting area, and you can always get a copy of it from WVC. We are permitted by law to use and disclose personal health information without authorization for treatment, payment and health care operations.

### **WHAT DOES "HEALTH CARE OPERATIONS" INCLUDE?**

Health care operations include activities such as communications among health care providers, conducting quality assessment and improvement activities; evaluating the qualifications, competence, and performance of health care professionals; training future health care professionals; other related services that may be a benefit to you such as case management and care coordination; contracting with insurance companies; conducting medical review and auditing services; compiling and analyzing information in anticipation of or for use in legal proceedings; and general administrative and business functions.

### **HOW IS MEDICAL INFORMATION USED?**

We use medical records as a way of recording health information, planning care and treatment and as a tool for routine health care operations. We do not accept medical insurance and will not provide your health information to any third-party insurer.

### **HOW MEDICAL INFORMATION MAY BE USED FOR TREATMENT, PAYMENT OR HEALTHCARE OPERATIONS**

- Medical information may be used to justify needed patient care services, (e.g., establishing a treatment plan or protocols, research inclusion criteria, etc.).
- We may disclose protected health information to another provider for treatment (i.e., referring physicians, specialists and providers, therapists, etc.) with your consent.
- We may use the emergency contact information you provided to contact you if the address of record is no longer accurate.
- We may contact you to remind you of your appointment by telephone, mail, or electronic means.
- We may contact you to discuss treatment alternatives or other health-related benefits that may be of interest.

### **WHY DO I HAVE TO SIGN A CONSENT FORM?**

When you, as the patient or guardian of a patient, sign a consent form, you are giving us permission to use and disclose protected health information for the purposes of treatment, payment and health care operations. This permission does not include psychotherapy notes, psychosocial information, alcoholism and drug abuse treatment records and other privileged

categories of information, which require a separate authorization. You will need to sign a separate authorization to have protected health information released for any reason other than treatment, payment or healthcare operations.

### **WHAT ARE PSYCHOTHERAPY NOTES?**

Psychotherapy notes are notes recorded (in any medium) by a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session that are separated from the rest of the patient's medical record. Psychotherapy notes exclude medication prescription and monitoring, counseling session start and stop times, modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis.

### **WHAT IS PSYCHOSOCIAL INFORMATION?**

Psychosocial information is information provided regarding your social history and counseling or psychiatric services you have received before treatment with WVC.

### **WHY DO I HAVE TO SIGN A SEPARATE AUTHORIZATION FORM?**

In order to release patient protected health information for any reason other than treatment, payment and health care operations, we must have an authorization signed by the patient or the parent or guardian of the patient that clearly explains how they wish the information to be used and disclosed. The following are some examples of releases of information that require a separate authorization:

- Psychosocial information
- Use of information in scientific and educational publications, presentations and materials.

### **CAN I CHANGE MY MIND AND REVOKE AN AUTHORIZATION?**

You may change your mind and revoke an authorization, except (1) to the extent that we have relied on the authorization up to that point, or (2) the information is needed to maintain the integrity of a research study. All requests to revoke an authorization should be in writing.

### **SHARING INFORMATION WITH BUSINESS ASSOCIATES**

There are some services provided through contracts with business associates. Examples include billing services and transcription services. When these services are contracted, we may disclose your health information to the business associate so that they can perform the job we have contracted them to do.

### **WHAT IF I HAVE A QUESTION / COMPLAINT?**

If you have questions regarding your privacy rights, please contact WVC at 541- 636-0885. If you believe your privacy rights have been violated, you may file a complaint by contacting practice's Privacy Officer at 541-636-0885 or the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint. The address for the Secretary of the Department of Health and Human Services is:

Office of Civil Rights U.S. Department of Health and Human Services Atlanta Federal Center  
Suite 3B70 61 Forsyth St., S.W. Atlanta, GA 30303-8909  
(404) 562-7886 (phone)

(404) 562-7881 (fax)  
(404) 331-2867 (TDD)  
[www.hhs.gov/ocr/hipaa](http://www.hhs.gov/ocr/hipaa)

SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_